JC20 Rec'd PCT/PTO 07 JUL 2005

Application Data Sheet

Status::

| Application Information | |
|----------------------------------|-----------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | EYE-DROP VACCINE CONTAINING |
| | COPOLYMER 1 FOR THERAPEUTIC |
| | IMMUNIZATION |
| Attorney Docket Number:: | EIS-SCHWARTZ26A |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Israel |

Full Capacity

Given Name:: Michal Middle Name:: **EISENBACH-SCHWARTZ** Family Name:: Name Suffix:: City of Residence:: Rehovot State or Province of Residence:: Country of Residence:: Israel Street of Mailing Address:: 5 Rupin Street City of Mailing Address:: Rehovot State or Province of Mailing Address:: Country of Mailing Address:: Israel 76353 Postal or Zip Code of Mailing Address:: Applicant Authority Type:: Inventor Primary Citizenship Country:: Israel **Full Capacity** Status:: Given Name:: Sharon Middle Name:: **BAKALASH** Family Name:: Name Suffix:: City of Residence:: Rehovot State or Province of Residence:: Country of Residence:: Israel 8 Meltzer Street Street of Mailing Address:: Rehovot City of Mailing Address:: State or Province of Mailing Address:: Country of Mailing Address:: Israel Postal or Zip Code of Mailing Address:: 76285 Inventor Applicant Authority Type:: Primary Citizenship Country:: Israel Status:: **Full Capacity** Given Name:: Valentin Middle Name::

Family Name::

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FULGA

Name Suffix::

City of Residence::

Tel-Aviv

State or Province of Residence::

Country of Residence::

Israel

Street of Mailing Address::

7 Helsinki Street

City of Mailing Address::

Tel-Aviv

State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

92996

Correspondence Information

Correspondence Customer Number::

001444

Representative Information

Representative Customer Number::

001444

Domestic Priority Information

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

This Application

National Stage of

PCT/IL04/000006

01/06/04

PCT/IL04/000006

Appln claiming benefit of 35 USC 119(e)

60/438.310

01/07/03

Foreign Priority Information

Country::

Application Number::

Filing Date::

Priority Claimed::

Assignment Information

Assignee Name::

Yeda Research and Development Co. Ltd.

Street of Mailing Address::

Weizmann Institute of Science, POB 95

City of Mailing Address::

Rehovot

State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

76100